

February 3, 2011

1 of 4

United States Bankruptcy Court
Southern District of New York.

In re
Motor Liquidation Company, et al
f/k/a General Motors Corp, et al

Debtors.

Delphi Corporation - 05-44481
(RDD)

Chapter 11 Case No
09-55826 (LCB)
(Jointly Administered)

Dear Judges/Courts:

I Sheryl Z. Carter at 1541
LaSalle Ave #1, Niagara Falls, New York 14301
my numbers are (716) 282-1639 and (716)
930-4495.

Enclosed are copies of documents
from Delphi Sub Administration Center and
Ohio Department of Job and Family Services

FILED
U.S. BANKRUPTCY COURT
2011 FEB - 9 P 1:40
S.D. OF N.Y.

Sheryl J. Carter
2 of 4

Office of Unemployment Compensation
Determination of Unemployment Compensation
Benefits, and Delphi Corporation Personal
Savings Plan and the Delphi Salary
Retirement Savings Program.

I Sheryl J. Carter contacted Delphi
Sub Administration Center several times
and I continue to get the run around
delay tactics about my funds that
are rightfully due to me. Delphi
and their affiliated debtors, Agency
continue to place stress upon me,
and my family, harassment, retaliation
tactic continue to go on. I also continue
to hear from Delphi and affiliated debtors
and company that they do not have

any files on me. My question is why not, and how is it that Belphi continues to contact me about enclosed documents also claims that I share if Carter have against Belphi Corporation Am Company. Also Jim contacted after the fact, deadlines, etc. I contacted Belphi Stock (PSP) which I won small settlement that was place into Belphi Am Stock, which I can not withdraw, take out, due to Belphi and affiliated letters has a hold on my account. Again I am being told they do not know why, the representatives I contacted Union Representatives Leslie Cash who's looking into the matter. Delay tactic continues. As I have NO INCOME since March 2010 of

Unemployment Benefits, which these funds
was delay cut off in between months
at a time, and I pray if Carter had
to go through the same delay, stressful
tactic as I continue to go through
now, present and future.

I ask respectfully of you the
Judges and Court to have this stop
and allow all my claims that is allow
to be given to me cash only. Please.
This tactics that is place upon
me is, and continue to cause stress
painful pressure against me and my
family.

Thank you.

Sincerely
Henry Carter

December 20, 2010

Delphi Sub Administration Center

1/83

Attn: Appeal Dept.

P.O. Box 5027

Troy, Michigan 48098 USA.

Dear Appeal Dept.

Enclosed are copies of the forms of
Sheryl J. Carter at 1541 LaSalle Ave #1,
Niagara Falls, New York 14301. My numbers
are (716) 282-3624 and (716) 930-4495
in September 2010, and I had to mail back
in October 2010 both with letters I wrote.

I am appealing this decision, due to
I Sheryl J. Carter only received two
checks from Delphi Sub Administration, which
is also enclosed. According to the letter
the Sub funds was to beginning in,
on September 21, 2010. I was told

the Sub funds ended September 2010, for
the employees who took option 3 from Delphi
Corporation. Also, I did not know I
was to continue filing after my funds
ended in March 2010 for Unemployment
Benefits. First of all I was not notified
or aware of this information, or to file
for Sub funds, or who I was to ~~come~~
contact, But afterwards Delphi Sub
Administration Center contacted me to fill
out forms. Why could this have been
completed before funds expired? This is
not my fault and again I am
appealing this decision. Also look into
the matter of me, Sheryl J. Carter not
receiving Sub fund back in the 2 years
ago when I was laid off 2007.

3 of 3
To my understanding other employees
received sub funds, even if they took
or was given options 3. Again I ask
if you the Appeal Dept to look into
this matter and correct the problem.

Thank you. In the future I would
like to be notified ahead of time.

Sincerely
Sheryl J. Carter

P.S. Also I have
relocated back to
my home town above
from Ohio, another
reason I did not know
about filing continually.

Sheryl J. Carter

DELPHI

Delphi SUB Administration Center
P.O. Box 5027
Troy, MI 48098
1-248-813-1782

September 28, 2010

SHARYL CARTER
1541 LASALLE AVE #1
NIAGARA FALLS, NY 14301

Re: Determination of Ineligibility

Employee SSN: 084589353

Employee Name: SHARYL CARTER

You are ineligible for a benefit under the SUB Plan for the week ending Sunday, for the following reason(s):

Employee has not submitted UC monetary determination paperwork covering SUB Application week ending date

Appeals Procedure: If you disagree with this determination, you may appeal. Contact your Local Union Benefit Representative for instructions on how to appeal this determination. You should keep copies of all documents pertaining to your appeal. Your written appeal must be mailed to the Delphi SUB Administration Center within 30 days following the date of this notice. Send your appeal to:

Delphi SUB Administration Center
P.O. Box 5027
Troy, MI 48098

If you have any questions or require additional information about this letter, please call the Delphi SUB Administration Center, Monday through Friday between 8:00 a.m. and 4:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

Sincerely,

Delphi SUB Administration Center

cc: Leslie Cash - Moraine & Kettering

Dependent Information Change Form (SUB-DI Form)
Delphi Supplemental Unemployment Benefit Plan

About You (please print)

Carter, Sheryl U. 084 58 9353
Last Name First Name Middle Initial Social Security Number
1541 Lakota Ave #1 - Niagara Falls New York 14301
Street Address City State Zip Code
(716) 282-3624 (716) 282-1639 9-1-64
Home Telephone Number Daytime Telephone Number Date of Birth

1. Check One:

- ☐ I am submitting the names of my Federal Income Tax dependents because I am included in my spouse's dependency information.
- ☐ I am entitled to a greater number of dependents—I am submitting the names of my Federal Income Tax dependents because I am entitled to a greater number of dependents than I claim.
- ☐ My spouse and I will be laid off at the same time—My spouse and I are both Delphi employees, with separate Delphi dependency information, and will be laid off at the same time. (You and your spouse must each complete a new SUB-DI form to indicate how your Federal Income Tax dependent exemptions are to be divided between the two of you prior to applying for SUBenefits. You and your spouse may not claim the same dependents. Failure to complete the SUB-DI form may result in a SUB overpayment.)
- ☐ None of the above applies—Information was requested by the Delphi SUB Administration Center.
- ☐ Please cancel my previous dependent change request and use my current health care benefit dependent information.

2. Indicate Your Federal Income Tax Marital Status: X Single Married

3. List your Federal Income Tax dependents to be used for SUBenefit purposes:

Name (First & Last)	Relationship
<u>Crystal Grace Everett</u>	<u>Daughter</u>

4. Number of Dependents claimed above: 1 + 1 (myself) = 2 (Total Number Claimed)

Signature and Date

Any changes made as a result of your submission of this form will be reflected in your SUBenefit for the week following the week in which the Delphi SUB Administration Center receives this form.

The information I am furnishing is true and correct to the best of my information and belief. I understand the completion of the form is for the purpose of calculation of my 95% Weekly After-Tax Pay which is used to determine the amount of my Regular SUBenefit. THIS FORM WILL NOT AFFECT MY INCOME TAX WITHHOLDING FOR PAYROLL PURPOSES. This form does not authorize Delphi Corporation to revise my current Form W-4 and has no effect on my claim of dependents for state UC benefit purposes. In addition, I recognize this form will stay in affect until I either complete and submit another for changes, or submit one for cancellation.

Signature

Date

Mall Completed Form To:
Delphi SUB Administration Center
P.O. Box 5027
Troy, MI 48098

Contact Information:
Phone: 1-248-813-1782

I do request it included Health Ins.
Sheryl J. Carter

EMPLOYEE LAYOFF CHECKLIST

› Unemployment Compensation (UC)

- ☐ After your layoff begins, contact your local Unemployment Compensation (UC) office or use the telephone number provided by the state agency. Answer all questions to the best of your knowledge, such as reporting wages and hours worked.
- ☐ If you have been denied UC due to Sunday earnings, include a copy of your denial letter with your SUB Application to the Delphi SUB Administration Center. Failure to do so may result in your SUBenefits being denied.
- ☐ If you have been denied UC due to insufficient earnings, include a copy of your denial letter with your SUB Application to the Delphi SUB Administration Center. Failure to do so may result in your SUBenefits being denied.
- ☐ Upon approval of initial UC Benefits, temporary extensions or Trade Readjustment Assistance, you will receive a Monetary Determination or Claim form from the state agency that provides Benefit year information. Include the Monetary Determination form with your SUB Application when applying for your SUBenefit. Failure to do so may result in your SUBenefits being denied.

Note: If you work(ed) in a plant previously covered by an AutoSUB program, you now need to send your Monetary Determination information and SUB application to the Delphi SUB Administration Center to apply for SUBenefits. **Your SUBenefits will no longer be automatically processed** based on information in the corporate personnel system and information received electronically from the state UC agency.

- ☐ Proof of an UC Payment must also be included in with your SUB Application. If you're receiving an automatic payment directly into your bank account, your state's UC website should have a link to a page showing your payment. Failure to include proof of UC payment (for same week as SUB application) with your SUB Application may result in your SUBenefits being denied.

SUBenefits

- ☐ Obtain a hard copy SUB application from your Union Benefit Representative or Plant Personnel Department and complete all questions to the best of your knowledge.
- ☐ To change the number of dependents currently used to calculate your 95% SUB Gross Amount, submit a SUB Dependent Change (SUB-DI) Form with your SUB Application. These forms can be obtained from your Union Benefit Representative or Plant Personnel Department. This form will stay in effect until changed or cancelled.
- ☐ You must wait to apply for SUBenefits until after you receive your UC payment for the same week. Your SUB Application, Proof of Outside Earnings and Proof of UC Payment **must** be filed within 60 days of the week for which you are applying.
- ☐ If your application is received before Tuesday and passes all audits, your check will be mailed on Friday of the same week.

Delphi SUB Administration Center
P.O. Box 5027
Troy, MI 48098
248-813-1SUB (1782)

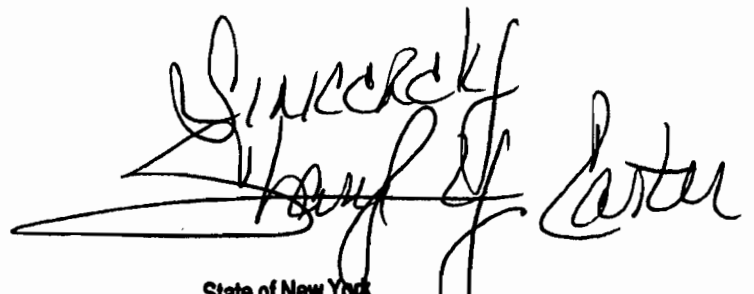
Sept 20, 2010
242

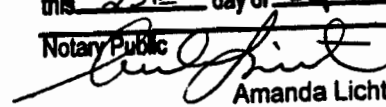
application enclosed.

Also I ask that your agency mail me names, phone numbers of personnel department, union representatives, any other department that I need to contact, since my plant was closed in Ohio. You should have all this information in your files.

Also enclosed is a letter, statement from Ohio Department of Job and Family Services that was mailed to me stating my benefits was expired as of March 24, 2010.

If I need to send more information please contact me.



State of New York
County of Niagara
Subscribed and Sworn to before me
this 23rd day of September, 2010
Notary Public

Amanda Licht
NOTARY PUBLIC-State of New York
No. 01L16203457
Qualified in Niagara County
My Commission Expires April 06, 2013

Multiple Week Application for SUBenefits

FORM SUB-2

ABOUT YOU

Participant's Name (First, Middle Initial, Last)

Participant's Social Security Number (SSN)

Plant City/State Location

WEEK 1

Month	Day	Year
-------	-----	------

WEEK 2

Month	Day	Year
-------	-----	------

UNEMPLOYMENT COMPENSATION

For WEEK 1 or WEEK 2, did you receive, or were you eligible to receive, any State or Federal Unemployment Compensation Benefit? (See mailing checklist on reverse side for more information.) If yes, enter the total

WEEK 1 Yes No WEEK 2 Yes No

Enclose proof of receipt of such benefit showing the gross amount and each week ending date.

If no, review the reasons for ineligibility for each week below and circle the letter in the ineligibility column to the right.

A. Exhausted /insufficient wages to qualify C. Too much earned income
B. State Waiting Week D. Other

Enclose a copy of any papers from the State or Federal Agency for proof of ineligibility.

WEEK 1	
UC BENEFIT RECEIVED	Reason for Ineligibility
Gross Amount	A B C D
\$	

WEEK 2	
UC BENEFIT RECEIVED	Reason for Ineligibility
Gross Amount	A B C D
\$	

EARNINGS

For any day in WEEK 1 or WEEK 2, did you receive any earnings from ANY employer, including self-employment? Did you receive or were you eligible for any Corporation HOLIDAY PAY for the week(s) you are claiming? Fill in the name and address of the employer. ENTER GROSS EARNINGS.

Earnings
Gross Amount
\$

Earnings
Gross Amount
\$

WEEK 1	YES	NO	Earnings	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Employer:											
Address:											
WEEK 2	YES	NO	Earnings	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Employer:											
Address:											

OTHER BENEFITS

For any of the days in WEEK 1 or WEEK 2, did you receive, or were you eligible for, or claiming:

Sickness /accident
Disability Benefits
Other:

Worker's
Compensation
Training Allowance

Disability Pension
Corporation Pension

WEEK 1	YES	NO	Other Benefits	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Payer:											
Type of Benefit:											
WEEK 2	YES	NO	Other Benefits	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Payer:											
Type of Benefit:											

SIGNATURE AND DATE

I have read the "Certification Statement" accompanying this application and agree to be bound thereby.

Sheryl J. Carter
Signature

Sept 20, 2010
Date


You must sign and date this form so that your request can be processed.

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

OFFICE OF UNEMPLOYMENT COMPENSATION

DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS

JFS-83000 12/03/2009

Claimant's Name SHARYL Y. CARTER		Social Security Number 084-58-9353	Determination Identification Number 221598961-1
Benefit Year Beginning Date 08/01/2010	Benefit Year Ending Date 07/30/2011	Application Date 10/06/2010	Date Issued 10/18/2010
SHARYL Y. CARTER 1541 LA SALLE AVE APT1 NIAGARA FALLS, NY 14301-1227 		ODJFS Office Lima Processing Center PO Box 1808 Lima, OH 45802-1808 Phone: (866) 272-0118 Fax: (419) 996-3929	

THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE

The Ohio Department of Job and Family Services has **DISALLOWED** the claimant's application for unemployment compensation benefits dated 10/06/2010. The claimant did not have at least twenty qualifying weeks of employment that was subject to an unemployment compensation law or did not earn an average weekly wage of at least \$213 before taxes during the base period 07/01/2009 to 06/30/2010, as required by Section 4141.01(R)(1) of the Ohio Revised Code. This decision is related to qualification for regular UC benefits. If an application for Extended Unemployment Compensation benefits has been filed, a separate decision will be issued concerning eligibility for Extended Unemployment Compensation benefits.

APPEAL RIGHTS: If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 11/08/2010** (21 calendar days after the 'Date Issued'). If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. If **unemployed**, claimants should continue to file weekly claims for benefits while the determination is under appeal. For additional information, call the ODJFS automated telephone system at 1-877-644-6562 and select the General Information option or visit the agency's website at <https://unemployment.ohio.gov>. Claimants may also review the **Worker's Guide to Unemployment Compensation**.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

October 22, 2010

Delphi Sub Administration Center
P.O. Box 5027
Troy Michigan 48098

1 of 2

Enclosed are copies of the information and documents that was mailed back to me, Sheryl J. Carter at 1541 LaSalle Ave #1 Niagara Falls, New York 14301. My phone number is (716) 282-3624. Also Ohio Department of Job & Family Services Office of Unemployment Compensation Determination that I am disallowed service dated Oct 6, 2010.

Your stamp of receiving my application, documents was Sept 27, 2010. The application of multiple week for sub benefits from sub-2 that's high lighted is blank, due to I do not have that information. I Sheryl

October 22, 2010

2 of 2

Yf. Carter contacted my Union Rep. Leslie
Cash for this information, I was unable
to get this information until I get the
letter from Unemployment Office of disallowed
benefits which Jim mailing to Leslie
and to you, which is enclosed. I would
like for you to try and get this in-
formation for me, as Jim wait until
she give it to me, and Jim send
that form to you. I hope this do
not interfere with my Sub pay.
Thank You.

Sincerely
Sheryl Yf. Carter

October 22, 2010

Leslie Cash
TUE-CWA Local 755
1675 Woodman Drive
Dayton Ohio 45432

1 of 2

I Sheryl J. Carter at 1541 Lake
Ave #1, Niagara Falls, New York 14301. My
Number is (716) 282-3624

Enclosed is a copy the letter that
stated I was ~~disallowed~~ Service-Benefits
from Ohio Department of Job & Family
Services Office of Unemployment Com-
pensation Determination dated Oct 6, 2010.
and a copy of application form of Multiple
Week for Subbenefits form Sub-2. I
would like this form to be filed out
and return to me. Sheryl J. Carter

October 22, 2010

Rob 2

and to Delphi Sub Administration Center
P.O. Box 5027, Troy Michigan 48098

I hope this do not delay the processing
for a long period of time.

I was requested by Unemployment
Department not to give my pin number
out as you request to check on the
status of my claim, which again a copy
is enclosed, if you need or have to have
my pin number, I would like a written
letter from you or your supervisor signed
and requesting my pin number.
Thank you.

Sincerely
Shaugh J. Carter

4.10BW14569E2 ENVRI110285276001000073

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGARA FALLS, NY 14301

Dear SHARYL Y CARTER:

Enclosed is important plan information.

DELPHI

October 29, 2010

Reference: Changes to the Delphi Corporation Personal Savings Plan and the
Delphi Salaried Retirement Savings Program

Dear Plan Participant:

As a result of a change in the company contracted to manage the investment of assets held in the Delphi Corporation Personal Savings Plan and the Delphi Salaried Retirement Savings Program (the "Plans"), changes to the share class of five investment options within the Plans are necessary. These share class changes will result in slightly revised expense levels for four of these five investment options, while one option's expense level remains unchanged. These changes represent the first step in a series of changes planned by Delphi which will take place over the next several months and will culminate in overall enhancements to the Plans.

Please read carefully. It is important for you to determine what action, if any, you would like to make for the benefit of achieving your financial goals and investment objectives. There are resources available to help you online at **yourdelphibenefits.com** and by phone at the Fidelity Benefit Center **1-877-389-2DPH (374)**.

Share Class Changes

Effective as of the market close (generally 4 p.m. Eastern time) **on November 29, 2010**, the share class of five investment options offered through the Plans will change. As a result of this change, the fund codes, ticker symbols, and expense ratios will change. The new share class will offer you the same investment strategy and risk but the overall expenses will change. See chart below for details. The transfer of balances will appear as an exchange on your account history and quarterly statement.

Old Investment Options		New Investment Options
SSgA Large Cap Index Expense Information*: .00%	⇒	SSgA S&P 500 Index Non-Lending Series Fund – Class C Expense Information*: .06%
Mid/Small Cap Index Fund Expense Information*: .04%	⇒	SSgA Russell Small/Mid Cap Index Non-Lending Series Fund – Class C Expense Information*: .06%
International Index Fund Expense Information*: .09%	⇒	SSgA International Index Non-Lending Series Fund – Class C Expense Information*: .09%
Emerging Markets Index Fund Expense Information*: .28%	⇒	SSgA Emerging Market Index Non-Lending Series Fund - Class C Expense Information*: .20%
REIT Index Fund Expense Information*: .14%	⇒	SSgA REIT Index Non-Lending Series Fund – Class C Expense Information*: .10%

As of date: September 23, 2010

The reallocation of assets depends on the timely liquidation of those assets. A delay in liquidation may result in a change to the above-noted dates.

Action to Consider

If you do not want your existing balances and future contributions to transfer to the investment options as shown in the table above, you must contact Fidelity Investments before 4 p.m. Eastern time on November 29, 2010, and request an exchange. You can do so by logging on to **yourdelphibenefits.com** and accessing your account, or by calling Fidelity at **1-877-389-2DPH (374)** and speaking with a Customer Service Associate, between 8:30 a.m. and midnight Eastern Time, on any business day.

The S&P 500® Index is a registered service mark of The McGraw-Hill Companies, Inc., and has been licensed for use by Fidelity Distributors Corporation and its affiliates. It is an unmanaged index of the common stock prices of 500 widely held U.S. stocks that includes the reinvestment of dividends.

SSgA International Index Non-Lending Series Fund – Class C

FPRS Code: OOSN

What it is: An international/global investment option (not a mutual fund).

Goal: The SSgA International Index Fund (the "Fund") seeks an investment return that approximates as closely as practicable, before expenses, the performance of the MSCI EAFE® Index (the "Index") over the long term.

What it invests in: The Fund is managed using a "passive" or "indexing" investment approach, by which SSgA attempts to match, before expenses, the performance of the Index. SSgA will typically attempt to invest in the securities comprising the Index in the same proportions as they are represented in the Index. In some cases, it may not be possible or practicable to purchase all of the securities comprising the Index, or to hold them in the same weightings as they represent in the Index. In those circumstances, SSgA may employ a sampling or optimization technique to construct the portfolio in question. The Fund's returns may vary from the returns of the Index.

Who may want to invest:

- Someone who wants to complement the performance of domestic investments with overseas investments, which can behave differently
- Someone who is willing to accept the higher degree of risk associated with investing overseas in exchange for potentially higher returns

Managed by State Street Global Advisors, which provided the description for this portfolio.

The Morgan Stanley Capital International Europe, Australasia and Far East Index (MSCI EAFE) is an unmanaged market capitalization-weighted index designed to represent the performance of developed stock markets outside the United States and Canada.

SSgA Emerging Market Index Non-Lending Series Fund – Class C

FPRS Code: OOSP

What it is: An emerging markets investment option (not a mutual fund).

Goal: Seeks an investment return that approximates as closely as practicable, before expenses, the performance of the MSCI Emerging Markets Index over the long term.

What it invests in: The investment adviser will typically attempt to invest in the securities comprising the MSCI Emerging Markets Index in the same proportions as they are represented in that index. In some cases, it may not be possible or practicable to purchase all of the securities in the index, or to hold them in the same weightings as they represent in the index. In those circumstances, the adviser may employ a sampling or optimization technique to construct the portfolio in question. The portfolio's returns may vary from the returns of the index. Foreign securities are subject to interest-rate, currency-exchange-rate, economic, and political risks, all of which are magnified in emerging markets. Unit price and return will vary.

Who may want to invest:

- Someone who is willing to accept the higher degree of risk associated with investing in emerging markets in exchange for potentially higher returns
- Someone who wants to complement the performance of domestic investments with overseas investments, which can behave differently

Managed by State Street Global Advisors (SSgA), which provided the description for this portfolio.

The Morgan Stanley Capital International (MSCI) Emerging Markets Index is an unmanaged market capitalization weighted index of equity securities of companies in various countries.

December 2010

To: Participants in the Delphi Personal Savings Plan for Hourly Rate Employees and
Participants in the Delphi Savings-Stock Purchase Program for Salaried Employees (the
"Plans") Between March 7, 2000 and March 3, 2005

Re: Distribution to the Plans of Proceeds from Settlements Achieved in a Securities Class
Action

This is to advise you that the Plans filed a claim to participate in the distribution of the proceeds of settlements achieved by plaintiffs in a securities class action - - *In re Delphi Corp. Sec. Litig.* Case Nos. 06-10025, 06-10026, 06-10027, 06-10028, 06-10029, 06-10030, and 06-10032. The Plans have received a distribution from the settlements, and the Plans' actuary has determined each participant's proportionate share of that distribution.

As a Terminated Vested participant, the proceeds allocated to you by the Plans were invested according to your most recent investment elections on file at Fidelity. If you did not have investment elections on file at Fidelity on the allocation date, your proceeds were invested in the Promark Income Fund. The proceeds appear in your account as a new source called "Litigation Proceeds" and are 100% vested.

You can view the amount you received by logging onto www.netbenefits.com. After logging in, click on the Plan link from the Home page and then click on Transaction History to view the "Litigation Proceeds" contribution amount.

To see more information about the underlying litigation, you can view the notice describing the action by visiting www.delphiclasssettlement.com.

If you are eligible to take this money as a distribution please view the 402(f) tax notice on Fidelity NetBenefits before calling to request the distribution. To view the notice click on:

- The Plan link from the Home page
- Loans or withdrawals
- Withdrawals
- View the participant distribution and tax notices.

If you have any questions regarding this communication or your Plan account, please call the Fidelity Benefit Center at 1-877-389-2374 to speak with a Delphi Savings Plans Customer Service Associate. Customer Service Associates are available business days from 8:30 a.m. to midnight Eastern Time.

DPH Holdings Corp.

World Headquarters 5725 Delphi Drive, Troy, MI 48068 USA

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™


 7008 3230 0000 5111 1046
 7008 3230 0000 5111 1046

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Honorable Robert G. Carver*
United States Bankruptcy Ct Southern District of New York
 Street, Apt. No.,
 or PO Box No. *ONE Bowling Green Room 621*
 City, State, Zip+4 *NEW YORK, NEW YORK 10004*

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Honorable Robert G. Carver
United States Bankruptcy Ct Southern District of New York
ONE Bowling Green Room 621
New York, New York 10004

2. Article Number

(Transfer from service label)

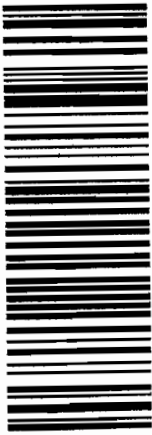
COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?**☐ Yes

If YES, enter delivery address below:

☐ No**3. Service Type**☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.**4. Restricted Delivery? (Extra Fee)**☐ Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7008 3230 0000 5111 1077
7008 3230 0000 5111 1077
U.S. Postal Service™
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Sent To *Motors Liquidation Company*
ATTN: CLAIMS TEAM
 Street, Apt. No., or PO Box No. *2101 Cedar Springs Rd, Suite 1100*
 City, State, ZIP+4 *DALLAS TEXAS 75201*

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Motors Liquidation Company
ATTN: CLAIMS TEAM
2101 Cedar Springs Rd, Suite 1100
DALLAS TEXAS 75201

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

June 11, 2010

Re. In re Motors Liquidation Company, et al.
f/k/a General Motors Corporation, et al
Case NO. 09-50026 (REB)

I Sheryl Y. Carter reside at 1541 Lakota
Ave[#] Niagara Falls, New York 14301. My numbers are
(716) 282-3621 and (937) 307-8072

Enclosed is copies of the documents that was
mailed to me, requesting me to fill out an amount
on claims numbers 14901, 7020 and 9072. I
Sheryl Y. Carter filled out the documents, and
place an amount of (\$5 million) \$5,000,000.00 on
each claims.

I Sheryl Y. Carter have several claims against
Motors Liquidation Company and their affiliated debts
in the courts system.

If you have any questions contact me at the
above numbers.

Sincerely
Sheryl Y. Carter

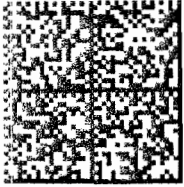
045J62046941

\$00.88

05.25/2010

Mailed From 75201

US POSTAGE



neopost

Motors Liquidation Company
2101 Cedar Springs Road, Suite 1100
Dallas, Texas 75201

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301

VIA FIRST CLASS MAIL

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

Creditor Name

SHARYL Y CARTER

Claim Number(s):

9072

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com.

Sincerely,
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

**Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Liquidation Letter**

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number

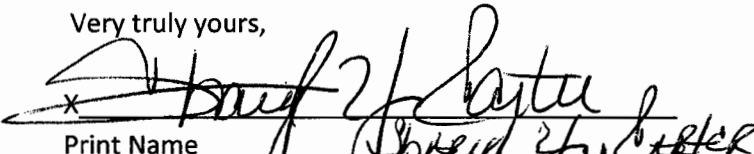
9072

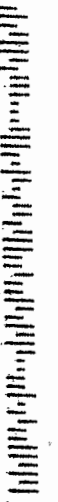
Liquidated Amount (Unsecured)

\$500,000.00 (\$5 million) Syle

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

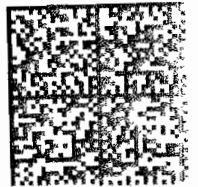
Very truly yours,


x David J. Carter
Print Name David J. Carter
Address 154 N. Main St. Apt #1
City and State Niagara Falls, New York 14301



Motors Liquidation Company
2101 Cedar Springs Road, Suite 1100
Dallas, Texas 75201

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301



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\$00.880
05/25/2010
Mailed From 75201
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VIA FIRST CLASS MAIL

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

Creditor Name

SHARYL Y CARTER

Claim Number(s):

7020

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com.

Sincerely,
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

**Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Liquidation Letter**

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number
7020

Liquidated Amount (Unsecured)

~~\$5,000,000.00~~ (\$5 million) SJC

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,

x Sheryl J. Carter
Print Name

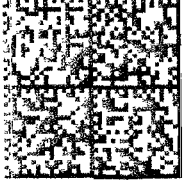
Address

City and State

Sheryl J. Carter
1541 LASHLE AVE #1
MINGERS FALLS, NEW YORK 14132

0-70 62046541
\$0.8802
05 25/2010
Mailed on 75201
US POSTAGE

postnet



5/8/10

Motors Liquidation Company
2101 Cedar Springs Road, Suite 1100
Dallas, Texas 75201

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGARA FALLS, NY 14301

VIA FIRST CLASS MAIL

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGARA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

Creditor Name

SHARYL Y CARTER

Claim Number(s):

14901

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com.

Sincerely,
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

**Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Liquidation Letter**

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number

14901

Liquidated Amount (Unsecured)

~~\$5,000,000.00~~ **\$5 million** *SJF*
\$5 million

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,

Sheryl Z. Carter
Print Name Sheryl Z. Carter
Address 10711 W. 8th Ave #1
City and State Niagara Falls, New York 14301

United States Bankruptcy Court
Southern District of New York

In re

Chapter 11 Case
09-50866/REC

Motors Liquidation Company, et al,
f/k/a General Motors Corp, et al, Jointly Administered
Debtors.

I Sheryl Z. Carter at 1541 LaSalle Ave #1
Niagara Falls, New York 14301. My numbers are
(716) 282-3624.

I am requesting, and would like to know
the status of my claims or claim against
the Debtors and its affiliated Debtors
and copies of the Plan, and Dis-
closure Statement.

Thank you.

Sincerely
Sheryl Z. Carter

February 3, 2011

146

United States Bankruptcy Court
Southern District of New York

In re

Motos Liquidation Company, et al
f/k/a General Motos Corp., et al
Debtors

Chapter 11 Case No.
09-50026 (LCS)

Jointly Administered

I Sheryl Z. Carter at 1541 LaSalle Ave #1
Niagara Falls, New York 14301, my numbers
are (716) 282-1639 and (716) 930-4495.

Also I request that the Debtors and
their affiliated Debtors mail me all copies
documents concerning all my claims, and also
to all Plans in all these Bankruptcy
Courts, Hearing, notes, plans, everything, at
the same time that I am mailed for

Replies, Responses, and deadlines, that is required by me the Claimant Sheryl J. Carter not after the fact or pass deadline date.

I Reject, object to all of the Debtors and their Affiliated Debtors Plans. The Bankruptcy Courts has not passed on the merits of the Plan, and I reject that as well as all the Debtors and their Affiliated Debtors Plans.

As far as I am Debtors and its Affiliated Debtors Health Care and Life Insurance, I Reject and object, due to the Debtors cancelled my Insurance before the date stated to me which was December 31, 2009. The Debtors cancelled my Health and Life Insurance November 2009, which stopped all treatments, medications that I Sheryl J. Carter needed for my Health problems that I continued

Sheryl Z. Carter

09-50026

346

to have and continue to bring up more problems that's continue to occur, which started from working for the Debtors and affiliated Debtors. I believe all these tactics I continue to go through continues harassment, discrimination, retaliation due to me Sheryl Z. Carter filing claims against the Debtors and affiliated Debtors. This is very stressful, and affects my health and family. Also my funds, settlement money is being withheld within the Debtors and affiliated Debtors Company, and stocks. I thought that the purpose of these claims that I have against the Debtors and affiliated Debtors was to avoid and stop all treatment tactics toward ~~me~~ towards me

Sheryl Y. Carter 4 of 4
Case No. 09-54246

to stop. I respectfully ask the Judge/Courts to allow my Rejection objections to all the Debtors and their affiliated Debtors Plans, and allow all my claims, settlements to be paid to me Sheryl Y. Carter Cash only, not Stocks within the Debtors Companies.

As GM-Debtors and affiliated Debtors stated that moreover, a viable company would help preserve and supports jobs and benefits, not only for GMs employees, but also for the employees of GM suppliers and dealers. So why I continue to be mistreated, misguided, all tactics abuse from the Debtors GM and affiliated Debtors?

Sheryl J. Carter
Case 10-15026 546

Again I Sheryl J. Carter reject object to the Debtors and affiliated Debtors Plan Disclosure Statement, Hearing Confirmation of the Plan and Procedures and objecting, Rejecting to Confirmation of the Plan, Voting on the Plan.

Rule 3018 (a) motion of Federal Rules of Bankruptcy Procedure allowing my claim, or claims in a different amount that the Debtors and affiliated Debtors requesting in the Voting Plan. Enclosed are copies of claims that I requested \$5 million each claim, and other claims this amount should also apply for those claims I have file against the Debtors and affiliated Debtors, as stated by the Debtors it

Sheryl Y Carter
Case No 05-5486 6 #6

is the opinion of the Debtors that
Confirmation and implementation
of the Plan is in the best interest
of the Debtors estates and creditors.
What about the best interest of the
Claimants, I Sheryl Y Carter, as I
reject, object with all the Plans by
the Debtors and their affiliated Debtors.
That I feel is in the best interest
of me, Claimant.

Thank you.

Sincerely
Sheryl Y Carter